

Telecommunications Carriers			
AUTHORIZED UTILITY REPRESENTATIVE FORM			
CERTIFICATED COMPANY INFORMATION			
Company Name: Frontier Communications Online and Long Distance, Inc.		FEIN/SSN [REDACTED]	
DBA/FKA:		Telephone #	
Mailing Address: 100 CTE Drive			
City: Dallas		State: PA	ZIP Code: 18612
ILEC	IXC <input checked="" type="checkbox"/>	CLEC	Wireless ETC
REGISTERED AGENT INFORMATION			
Registered Agent:			
Mailing Address:			
City:		State:	ZIP Code:

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION			
General Manager			
Name: Dennis Coyle			
Address: 2455 12th St			
City: Sarasota		State: FL	ZIP Code: 34237
Phone: 813-240-6246	Email: dennis.coyle@ftr.com		Fax:
Emergency Contact – Non Office Hours			
Name:			
Phone: 800-921-8101	Email:		Fax:
Customer Relations/Complaints Rep			
Name: Frontier Communications			
Address:			
City:		State:	ZIP Code:
Phone:	Email: Consumer Affairs@FTR.com		Fax:
Complaints Rep for Complaint Escalation			
Name: Michael Cicchetti			
Address: 125 S Main St			
City: West Hartford		State: CT	ZIP Code: 06107
Phone: 203-771-6191	Email: mc6263@ftr.com		Fax:
Customer Toll Free Contact Number: 800-921-8101			
Engineering Operations			
Name: Chad Foster			
Address: 725 E Markham Ave			
City: Durham		State: NC	ZIP Code: 27701
Phone: 919-471-3654	Email: chad.d.foster@ftr.com		Fax:
Test and Repair			
Name: Dennis Coyle			
Address: above			
City:		State:	ZIP Code:
Phone:	Email:		Fax:

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title: Michael Cicchetti			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Annual Report Form Mailings			
Name & Title: Jessica Matushek			
Address: 100 CTE Drive			
City: Dallas	State: PA	ZIP Code: 18612	
Phone: 570-631-5003	Email: jessica.matushek@ftr.com	Fax:	
Dual Party Invoice Mailings			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Universal Service Fund Mailings			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Gross Receipts Mailings			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Lifeline Contact			
Name & Title: Jessica Matushek			
Address: above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	

FORM PREPARER INFORMATION	
This form was completed by: Susan Miller	
Signature: <i>Susan A. Miller</i>	
Title: Manager, Regulatory and Governmental Affairs	Date: 5/4/2022

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, SC 29210

AND Office of Regulatory Staff
Attn: Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201